
**COOPERATIVE AGREEMENTS WITH PRIVATE NON-PROFIT VOCATIONAL
REHABILITATION SERVICE PROVIDERS**

4.8(b)(3)

The utilization of community rehabilitation programs varies considerably throughout the state. In that needs and resources are unique to each region the regional offices at the local level to work closely with their local providers to identify needs and to determine with the provider whether or not they are able to meet that need. In addition, the triennial assessment of rehabilitation need conducted in early CY 2009 included survey questionnaires specific to community rehabilitation programs, their ability to meet consumer's employment related needs and barriers encountered in meeting needs. Survey results are discussed in *Attachment 4.11(a)*.

Vocational Rehabilitation also continues to utilize information gathered from public hearings as well input received from the providers themselves and organizations such as the North Dakota Association of Community Facilities and the North Dakota Statewide Independent Living Council work more closely together. The agency will continue to make every effort to improve services to consumers when a problem is identified in a particular region.

To insure ongoing dialogue, the North Dakota Association of Community Facilities and the North Dakota Independent Living Council is represented on the State Rehabilitation Council where issues are discussed whenever appropriate.

Cooperative relationships with providers involve development of the scope of services and working procedures. Rate compensation is developed in cooperation with Developmental Disabilities and the Division of Mental Health & Substance Abuse.

As a major player on the North Dakota Workforce Development Council, VR continues to be an active partner as opportunities arise. Currently, VR is on the Integrated Performance Information (IPI) workgroup.

Vocational Rehabilitation continues to survey providers for input regarding their training needs. The state also continues to use the TACE in Colorado as a training resource when training needs are identified, including any training needs that may emerge as a result of provider outcome data.

In addition, standards will be established for facilities and providers of services used by the agency. Rehabilitation facilities must be certified either by CARF or The Council, formerly known as the Accreditation Council, or have an approved plan in place for acquiring accreditation. Medical service providers must be approved by the State Licensing Board through its agreement with the Department of Human Services. All educational and vocational technical programs must be recognized by the State Board of Higher Education.

Vocational Rehabilitation will be working with providers during the remainder of FFY 2009 and FFY 2010 to develop provider reports cards and facts sheets.

The department has as part of its contract package, language that addresses accessibility of facilities, affirmative action plans, special communication needs, and fraud, waste, and abuse.